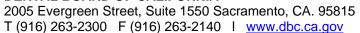


STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR DENTAL BOARD OF CALIFORNIA





For Office Use Only

Application for

Application for		Receipt NoATS#		
Additional Dental C Business and Professions Code 1	658 et seq.	Fee PaidIssue Date		
Title 16 CCR 1045-1048, 7 Non-Refundable Filing Fee: \$100 for		Exp. DateDenied	_	
		Permit number AO		
Check all applicable Individual – Complete pp. 1&3 Dental Corporation – Complete Transfer in lieu of AO#		Any omissions or inaccuracies are grounds for denial and may result in discipline B & P Code 1701 (e) or other applicable provisions of the law	n r	
INDIVIDUAL APPLICATION - print of	r type			
1. Name: Last, First, Middle	License Num	ber Social Security Number		
2. The address of your primary pla	ce of practice is:			
Street, Number, and Suite	City	State Zip Code	_	
3. Do you accept legal responsibili maintained by you?	ty and liability for dental ser	vices rendered in each of the offices Yes No		
Are all offices you operate in co applicable State and Federal law		Professions Code 1658.1 and all other Yes No	•	
 Have you posted, in a visible are number, and dental license num 		our name, mailing address, telephone Yes No		
I certify under penalty of perjury under the	CERTIFICATION e laws of the State of California	a, that the foregoing is true and correct.		
Date Signature				

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CORPORATION APPLICATION – PRINT OR TYPE

1.	Name of Corporation					
2.	Shareholders					
	Name	Dental License Number	Social Security Numl	ber		
3. Do you accept legal responsibility and liability for dental services rendered in each of the offices maintained by you? Yes No						
4.	. Are all offices you operate in compliance with Business and Professions Code 1658.1 and all other applicable State and Federal laws?					
5.	Have you posted, in a visible area to number, and dental license number?	e you posted, in a visible area to patients, a sign with your name, mailing address, telephone per, and dental license number?				
	DECLARATION - Must	be executed by an offi	cer who is a licensed dentist.			
l an	n an officer of					
		Name o	of Corporation			
and kno	I as such make this declaration for and all attachments thereto, and know the wledge. I declare under penalty of perjue ue and correct.	contents thereof, a	and the same are true for my ov	vn		
Any	false statement willfully made in the a iness and Professions Code 1701 (e),			y under		
Exe	cuted at , C	California on this _	Day of	20		
Ву						
	Type or print name	Title	License Number			
	Signature					
	Oigilataic					

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Give the addresses of all proposed additional place(s) of practice in California in which you hold any proprietary interest whatsoever, or in which you have any legal right to participate in the management or control.

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Street and Suite Number	City	,	Zip Code
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Street and Suite Number	City	,0,	Zip Code
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Street and Suite Number	City	,,0,,	Zip Code
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Street and Suite Number	City		Zip Code
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Street and Suite Number	City	,	Zip Code

INFORMATION COLLECTION AND ACCESS The information requested herein is mandatory and is maintained by Dental Board of California, 2005 Evergreen Street, Suite 1550 Sacramento, CA. 95815, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by §30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may be made public.

MANDATORY REPORTER Under California law each person licensed by the Dental Board of California is a "mandated reporter" for child abuse or neglect purposes. Prior to commencing his or her employment, as a prerequisite to that employment, all mandated reporters must sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with those provisions.

California Penal Code section 11166 requires that all mandated reporters make a report to an agency specified in Penal Code section 11165.9 (generally law enforcement agencies) whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter must make a report to the agency immediately or as soon as is practicably possible by telephone, and the mandated reporter must prepare and send a written report thereof within 36 hours or receiving the information concerning the incident.

Failure to comply with the requirements of Section 11166 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000) or by both that imprisonment and fine.

For further details about these requirements, consult Penal Code sections 11164, and subsequent sections.